

# Lead Service Line Project Plan Submittal Guide (No Plans and Specs)

**Instructions:** This form should be used if the project is not producing engineering plans and specifications for bidding. If plans and specifications are being prepared, please use the alternate form. Complete the information below. Provide the requested information and check the box to ensure the step is completed. Send this completed form along with any other applicable information for review and approval to [corey.mathisen@state.mn.us](mailto:corey.mathisen@state.mn.us).

## Project Information

DWRF Project Name: \_\_\_\_\_

DWRF Project Number: \_\_\_\_\_

Number of service lines to be replaced by this project: \_\_\_\_\_

Map of the project area is included showing properties to be replaced.

List of addresses (if known) is included which shows services to be replaced (must identify schools and childcares).

## Submitter Contact Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Project Specific Information

Template cross section/standard plate is included showing all components to be replaced.

All internal connections will be made by licensed plumber as required by plumbing code.

[PFA contract packet \(PDF\) \(https://mn.gov/deed/assets/contract-packet-baba\\_tcm1045-609911.pdf\)](https://mn.gov/deed/assets/contract-packet-baba_tcm1045-609911.pdf) (including BABA requirements) is included with specifications.

Date of PFA contract packet included (see cover page of packet for date): \_\_\_\_\_

Select the service line ownership:

Split ownership

All privately owned

All publicly owned

## LEAD SERVICE LINE PROJECT PLAN SUBMITTAL GUIDE (NO PLANS AND SPECS)

Describe the service line ownership (ex: system owns from the main to curb stop and resident owns from curb stop to meter).

Describe the construction method (ex: prescribed open cut, directional drill, method to be determined by contractor, etc.).

Describe restoration activities (internal to building) (floor patching, asbestos abatement, etc.).

Describe restoration activities (external to building) (grounding rods, sanitary sewer impacts, reseeding excavation areas, etc.).

What is your current policy for street restoration for service line breaks? (Ex: 10' x 10' patch, etc.)

Describe the replacement material (ex: copper, plastic, etc.). Must meet Minnesota plumbing code.

Describe who will be completing the work (ex: utility bid, property owner selected, utility direct hire, water system staff, etc.).

### Project schedule

Submit funding application to PFA: \_\_\_\_\_

Advertise for bids: \_\_\_\_\_

Start construction: \_\_\_\_\_

Complete construction: \_\_\_\_\_

Prioritization Plan has been completed and submitted to MDH (if not submitted with original PPL submittal). See [Minnesota Session Law-Chapter 39](#) for additional information.

Yes      Previously provided with PPL submittal

Workforce Plan has been submitted to MDH (if over 15,000 connections). See [Minnesota Session Law-Chapter 39](#) for additional information.

Yes      Not required (less than 15,000 connections)

## Environmental review

All required environmental review forms have been submitted.

[Environmental Review Cover Page \(PDF\)](#)  
(<https://www.health.state.mn.us/communities/environment/water/docs/dwrf/erecordcover.pdf>)

[Environmental Review Exemption Checklist \(PDF\)](#)  
(<https://www.health.state.mn.us/communities/environment/water/docs/dwrf/exemptcklist.pdf>)

[Section 106 Exemption Checklist \(PDF\)](#)  
(<https://www.health.state.mn.us/communities/environment/water/docs/dwrf/exemptcklist106.pdf>)

DNR Master Supply Plan has been approved by DNR (required for systems serving > 1,000 people).

Yes      Not required (less than 1,000 people)

Date of approval: \_\_\_\_\_

Contractor will be required to provide water pitcher filters meeting the following requirements:

- Each service line being replaced will be provided a pitcher filter within 24 hours of the replacement being completed.
- Filters will be provided for 6 months.
- Filters are certified to meet NSF/ANSI Standard 53.

## Certification Statement

I hereby certify that this plan, specification, or report was prepared for me or under my direct supervision and that I am a duly Licensed Professional Engineer under the law of the state of Minnesota.

Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Minnesota Department of Health  
Drinking Water Protection Section  
651-201-4494  
[corey.mathisen@state.mn.us](mailto:corey.mathisen@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

03/19/2025

*To obtain this information in a different format, call: 651-201-4700.*